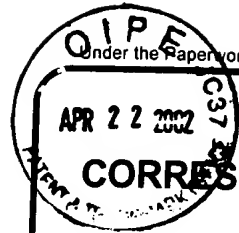


GAY 1772



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Assistant Commissioner for Patents Washington, D.C. 20231	Application Number	10/022,706
	Filing Date	December 17, 2001
	First Name and Inventor	Michael G. Harris et al.
	Art Unit	1772
	Examiner Name	not yet assigned
	Attorney Docket Number	772490100015

Please change the Correspondence Address for the above-identified application to:

☐ Customer Number →

Place Customer Number Bar Code Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Barbara E. Arndt, Ph.D. Jones, Day, Reavis & Pogue		
Address	North Point		
Address	901 Lakeside Avenue		
City	Cleveland	State	Ohio
		ZIP	44114
Country	US		
Telephone	216-586-3939	Fax	216-579-0212

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
- ☒ Attorney or Agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

RECEIVED
APR 24 2002
TC 1700
COPY OF PAPERS
ORIGINALLY FILED

Typed or Printed Name	Barbara E. Arndt
Signature	<i>Barbara E. Arndt</i>
Date	4/10/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

RECEIVED
APR 26 2002
TC 1700